

Registration District No. 399, Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
died in ambulance enroute to St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years
(Specify whether
In this community 18 years
years, months or days)

8. (a) PRINT FULL NAME Mrs. Amelie Koujion 250

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased May 26, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>0</u>	hr. <u>-</u> min. <u>-</u>

9. Birthplace France
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business -

MOTHER FATHER
12. Name Pierre Du Buisson
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Marie Foucoulanche
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Lee E. Korman
(b) Address 5231 Lyon Ave.

17. (a) Burial (b) Date thereof Dec. 28, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) Dec. 28, 1939 (b) M. M. Cron
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5231 Lyon Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 18 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26,
year 1939 hour - minute 4:00 P. M.

21. I hereby certify that I attended the deceased from 4:00 P.M.
1939, to -, 19-;
that he was alive on -, 19-;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema

Due to Coronary disease
Due to 948

Other conditions -
(Include pregnancy within 3 months of death)

Major findings:
Of operation -
Of autopsy -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

While at work? - (Specify place of injury) (e) Manner of Injury -

23. Signature Doctor E. J. ... (M.D. or other)
Address K.C. Mo. Date signed -

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Carl Chis

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clarence J. Pule

Licensed Embalmer No. 3473

P. O. Address 76 E. Mel.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.